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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional)  35663US
Application Number	10/086,541	Filed  March 4, 2002
<b>DISPOSABLE ABSORBENT GARMENT WITH ADJUSTABLE SIDE PANELS</b> For		
Art Unit	3761	Examiner  M. Kidwell
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		<u>Fee</u> \$120      \$60      \$ 120.00 \$450      \$225      \$ _____ \$1020      \$510      \$ _____ \$1590      \$795      \$ _____ \$2160      \$1080      \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. 01/05/2006 TL0111 00000062 503685 10086541 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 01 FC:1251 120.00 DA <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3685</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>27,787</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
<u>(William G. Gosz)</u> Signature		<u>01/04/06</u> Date
<u>William G. Gosz</u> Typed or printed name		<u>(781) 863-1116</u> Telephone Number
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</small>		
<input type="checkbox"/> Total of _____ forms are submitted.		
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: <u>1/4/06</u> Signature: <u>[Signature]</u> (Patricia McKenney)		